OFFICIAL FILE ILLINOIS COMMERCE COMMISSIONMAL COMPLAINT

For Commission Use Only:

Case: 05-0023

ORIGINAL

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701

Regarding a complaint by (Person making the complaint): Maurice term	Sins youth Foundation
Against (Utility name): Peoples Exercise Compo	2. Company
As to (Reason for complaint) Double Billing, Funds of	pplied To wrong
account, deceptive Practices	7
in Chicago Illinois.	
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
My mailing address is 4500 S. Michigan an	
The service address that I am complaining about is 4500 S. Michigan a	ve.
My home telephone is [773] 548-1238	
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at 1773 1 624-0863 (Full name of utility company) Peoples Cabe Company to the provisions of the Illinois Public Utilities Act.	respondent) is a public utility and is subject
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think i	is involved with your complaint.
Do not Know which applies.	MMERCE COMMISSION 1005 SEP 28 P 2: 4(HIEF CLERK'S DFFIC
	rn .
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your com	plaint? X Yes Na
Has your complaint filed with that office been closed?	Yes 🔀 No

extra sheet of paper if needed. See attachment:
Please clearly state what you want the Commission to do in this case: Negate Santana energy Bill, not an alternate Company, paying two companies apply Funds paid to correct account only change metering
Date: 9-23-2005 Complainant's Signature Maurice Berkeine (Month, day, year)
If an attorney will represent you, please give the attorney's name, address, and telephone number.
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
Maurice Perkins, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.
(Signature) Maurice Derkene
Subscribed and sworn/affirmed to before me on (month, day, year) 23 SEPT 200.5
Abdul Jadin Jungahane. Notary Public, Illinois
"OFFICIAL SEAL" Abdul Qadir Junagadhwala
NOTE: Failure to answer all of the que stions and have questions, please call the counselor in the Consumer Services Division that handled year internal complaint.

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an